WORLD RELIEF

WORLD RELIEF RWANDA
"UMUCYO" CHILD SURVIVAL PROGRAM

Second Annual Report
FY 2003

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ACRONYMS

CBC	Communication and Behavior Change
CSP	Child Survival Project
DIP	Detailed Implementation Plan
FFH	Freedom from Hunger
HMIS	Health Management Information System
HQ	Headquarters
IRC	International Rescue Committee
ITN	Insecticide Treated Net
KH	Kibogora Hospital
KHD	Kibogora Health District
KPC	Knowledge, Practice, Coverage
LRA	Local Rapid Assessment
MOH	Ministry of Health
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
PVO	Private Voluntary Organization
WR	World Relief

A. MAIN ACCOMPLISHMENTS

Umucyo had a very successful second year made possible by the hard work and commitment of volunteers, staff and partners.

Key achievements of the Umuyco CSP in year two are highlighted below. A chart summarizing progress towards CSP objectives is included in Annex A.

1. VOLUNTEER DEVELOPMENT

Care groups of committed volunteers form the fondation of the Umucyo project. In 2003, the average attendance rate for all care groups was 79% and the volunteer default rate did not exceed 3%. Such high rates of participation and commitment do not happen by chance. Umuyco recognizes the importance of publically recognizing the contribution of volunteers in their communities and providing opportunities for personal development.

In December 2002 events were held in each region of CSP Umucyo to recognize the work of all volunteers in the communities during the first year of the project. These ceremonies, attended by the communities at large, were opened by the Director of the Kibogora Health District (KHD), the CSP program manager and local political and religious leaders. Each volunteer received a t-shirt inscribed with « World Relief Umucyo – Ubuzima Bwiza Iwacu » (Good Health for our Homes) as a gift of thanks for for their work and to reinforce their identity with the project. . The day was extremely meaningful in the community with the active participation of many through games, songs, poems and stories.

Local authorities and pastors have continued to publically recognize the volunteers' work which inspires pride and motivation. However, some volunteers complained that they were referred to by some community members as Abakorerabusa - « Those who work for nothing ». Therefore, the title of volunteer was changed to Abakorera abandi' - « Those who serve others ».

« In the beginning the mothers didn't really trust us, asking us, 'What can you do for me, why are you here? You are just another housewife'. It has been exciting to see that over time, most of the mothers and their husbands are no longer skeptical and have embraced the program with enthusiasm. »

~ CSP volunteer

Each promotor organized meetings with the heads of each care group to reinforce the role of the volunteer and their responsibilities as head of a care group. It also provided a forum for the heads of care groups to share their experiences and learn new strategies for delivering health messages. Care groups were provided with training on micro-finance programs and encouraged to form

associations for income generating projects to assist them with daily needs such as medical fees, the purchase of mosquito nets and kitchen utensils. These meetings also were a time for them to invite religious leaders to give a short study and to foster these relationships. From these invitations, many churches have since invited the volunteers to discuss their work within their respective church communities.

The CSP volunteers' partnership with health district animators continues to develop, resulting in more effective delivery of health messages from household to household.

2. STAFF DEVELOPMENT

In year two, Umucyo has made significant strides in the building the capacity of its staff to implement child survival interventions and to monitor progress towards the project's goals and objectives. Trainings held in partnership with the MOH and other USAID CSPs in country provide valuable opportunities for collaboration and sharing lessons learned.

Adult Education and Curriculum Development Training
In March 2003, World Relief and CONCERN Worldwide co-sponsored an adult education training conference facilitated by Dr. Robb Davis from Freedom From Hunger (FFH) and Laura Van Vuuren of WR. All Umucyo and CONCERN's Butare CSP staff particpated along with staff from Kibogora and Kibirizi health districts, their respective partners. During the three day conference, participants gained expertise in key principles of adult education and the fundamental elements of planning a training workshop.

Following training on the principles of adult education, four Umucyo staff participated in an additional four days of training lead by Robb Davis on specific curriculum modules developed by FFH on infant and child feeding. Other participants included the Health Districts of Kibirizi, Kibungo and Kibogora, IRC CSP Kibungo, CONCERN CSP Butare and the MOH.

WR then hosted a 5-day training on the HIV/AIDS curriculum *Facing AIDS Together*, developed jointly by WR and FFH and faciliated by Robb Davis and Laura van Vuuren. Participants included staff from Umucyo, CONCERN, PSI, WR *Mobilizing for Life* AIDS Program, Provincial anti-AIDS comission of BUTARE, and the KHD. The course included twelve modules on HIV/AIDS and three modules on adult education.

Intervention-specific Training
The program manager and physicians from Kibogora Hospital (KH) provided training on vaccination, HIV/AIDS and STI, malaria and community growth monitoring for all the area coordinators. These trainings greatly contributed towards the area coordinator's understanding of the material as they developed the intervention curriculum. The program manager, assistant program manager and the area coordinators facilitatcd training camps for all promotors to introduce the new curriculum modules and share feedback on their experiences in the field. These camps were followed up by bi-monthly meetings of promoters to facilitate staff development and build training skills through role plays and other hands-on exercises.

Visit to Mozambique CSP
Umucyo program manager Melene Kabadege visited WR Mozambique's Vurhonga CSP and profitted greatly from learning directly from a sister program with seven years of experience using similar approaches including care groups of volunteers and a community-based health managment information system (HMIS). She benefited especially from the following elements : standardization of the Local Rapid Assessment (LRA) questionnaire, efficient methods of maintaining a HMIS, the development of pictures in curriculum, the benefits and challenges of sharing results from the HMIS with the MOH, the creation of health sector committees for the sustainability of the program and the value of creating pastoral care groups in order to more fully integrate CSP activities into community institutions.

Administrative Training
WR Kigali held internal training courses to improve the financial and administrative systems in country. The CSP administrative and financial staff greatly benefited from the standardization of practices and the more efficient systems including Quickbooks software.

Drivers Education
Fifteen staff obtained their motorcycle driver's licenses and the program manager obtained her vehicle driver's license. The administrative assistant and driver facilitated two training sessions on motorcycle maintenance and operation.

Program Intern
Rachel Reichenbach, a Wheaton College intern, assisted the CSP staff with computer, analytical and English skills for two months.

3. INTERVENTION HIGHLIGHTS

a. DIARRHEA & HYGIENE

Curriculum development
Although the Diarhea and Hygiene intervention began in September 2002, the key messages below continued to be delivered to the community :

- Provide same quantity of food
- Ensure adequate levels of liquid and breastfeeding to reduce the risk of dehydration
- Develop the habit of washing hands
- Have adequate and functional latrines at home

To reinforce the practice of drinking clean water, we continue to sell a water purification product called « Sur'Eau » within the community. PSI Rwanda, the distributor of Sur'Eau, provided a one-day training seminar on the benefits, marketing and usage of Sur'Eau prior to our selling within the community. In 2003, 2,300 bottles were sold.

« When the CSP came here, I was curious and wanted to know what they had to say. My husband told me he expected it would result in positive things and it has. Things (in my house) are organized, plates and cups are clean, and it just smells and looks nice. For most husbands, if they see the improvements in their households, they are happy. »

- Safina, CSP participant from Karembe village

b. IMMUNIZATION

Curriculum development

The training cuuriculum developed by CSP Umucyo included the following five modules:

Module 1 : The role of the volunteer and health animators in the immunization program
Module 2 : What are vaccines and why are they important ?
Module 3: Principle signs of Tuberculosis, Polio, Tetanus, Hepatitis B, Measles, Diphteria Hémophilus Influenzae, Whooping Cough
Module 4 : The side effects of vaccinations and their remedies
Module 5 : The time table for vaccinations of children and pregnant women

Key messages reinforced in the curriculum were:

- Have your child vaccinated prior to the first birthday.
- A pregnant woman must receive at least two TT during her pregnancy.

After field-testing the immunization curriculum, the KHD administration and political authories reviewed and approved it.

Implementation

In December 2002, 289 care groups were taught the curriculum modules under the supervision of the promotors and area coordinators. By February 2003, the volunteers began delivering the vaccination messages to the mothers in their respective Nyumbakumi (a group of 10 households). The immunization intervention included the distribution of vaccination reference cards which were used as a tracking system. Based on information recorded on the cards, the volunteers were able to reach 663 people who had defaulted on their vaccination schedule in 2003. The promotors, coordinators and health administration team also visited households to ensure that people had completed vaccinations.

In January 2003, the curriculum was taught to church leaders in the pastoral care groups who in turn shared the lessons with their congregations.

Outcomes

Umucyo surpassed the goals established for the immunization intervention in that 80% (mid-term goal 70%) of all children of one year were immunized and 50% (midterm goal 45%) of all pregnant women within the community received tetanus vaccination prior to giving birth.

The immunization intervention also provided an excellent opportunity for CSP Umucyo to collaborate with the KHD and to assist with the national immunization campaign against measles. The program assisted by transportating staff and materials to vaccination sites and in

mobilizing the community in general. In February 2003, the MOH launched the National Campaign against Measles and the KHD was the first in Cyangugu Province to have all children vaccinated. One hundred percent of children (50,045 individuals) in the region were vaccinated against measles.

c. HIV/AIDS & STIs

Curriculum development
The curriculum for HIV/AIDS consisted of five modules:

- *Module 1: What is HIV/AIDS ?*
  This module focused on understanding what AIDS is as a first step to fighting stigma and the prejudicies saying that AIDS is a form of punishment or a curse from God.
- *Module 2: HIV/AIDS Prevention and Voluntary Testing*
  Key concepts for this module include abstinence before marriage and fidelity with your partner as most effective means of prevention, avoiding sharing instruments that cut, the importance of voluntary testing and open discussion within the family of the consequences and prevention of AIDS.
- *Module 3: PMTCT*
  The key message in this module encouraged pregrnant mothers to take advantage of PMTCT services. PMTCT is a new program within the country. The KHD was chosen as one of three pilot programs within Cyangugu Province.
- *Module 4: Common signs and precautions of STI*
  Messages focused on taking health precautions especially if you suspect your partner of having an STI. Feedback from the promotors in the field showed that STIs existed within the community but that the men usually sought treatment from a traditional healer and would not inform their spouses, which in several incidents resulted in severe complications.
- *Module 5: Home care for people living with AIDS*
  They key messages of this module were about diminishing the stigma associated with AIDS and providing some tools to assist with the care of patients at home.

To facilitate the commmunication of the lessons between the volunteers and the mothers, both a story containg many pictures and a dialogue presentation were developed. Local terminology was used to avoid any misunderstanding of the key messages.

The curriculum draft was tested in the care groups and then presented and discussed in a workshop with CSP, the KHD, and Unicef staff in Kibogora. With their feedback and observations as well as that from Dr. Meredith Long, WR's Director of Health programs, who was visiting from Baltimore during this period, the comments were included in the final curriculum.

Implementation
Following the training of Care Groups, 1950 volunteers expressed an interest to be tested for HIV but said the cost of the test was too expensive. As an incentive for the volunteers, the CSP Umucyo decided to cover the cost of the test for each volunteer and his/her partner. Between July and August 2003, 365 volunteers were tested at the KH. In September 2003, the CSP began

subsidizing the cost of the test for the community at large.

Twenty villiage Anti-AIDS clubs have been formed by the KHD with CSP assistance and they continue to expand. CSP Umucyo trained 70 trainers for the clubs and 18 people living with AIDS to share their story in public. There are plans for 10 secondary school Anti-AIDS clubs to be formed. On the request of the Districts of Gatare, a District Commission Against AIDS (CDLS), was created and incorporates the same themes as the Anti-AIDS clubs.

As HIV/AIDS affects all levels in the community, CSP felt it necessary to train not only recognized pastors but other church members who are able to reach the community. Since May 2003, 32 Pastoral Care groups have been operating with a total number of 338 church participants being trained regularly – a dramatic increased compared to the start of the program when only the "official" pastors received training. These pastoral care group members receive the same information as the promoters and volunteers and are able to share these lessons with their congregations and greater communities.

Reaching children and men

During the HIV/AIDS needs assessment, CSP Umucyo found that 17% of the teachers in the primary schools had never been trained on HIV/AIDS. Of the 23% that had some training, none of them taught students about AIDS transmission/prevention for fear of not having the correct terminology and methodology for reaching children.

Following this evaluation and discussion with school authorities, three modules were created to address these needs. The first module encouraged children to say no or to scream when they find themselves in a situation where they might be violated. The second module included the difference between sexes, sexuality, the potential consequences of early sexual relations and the transmission and prevention of AIDS. The third module was designed for teachers covering the general messages of HIV/AIDS including the definition, transmission, prevention, consequences, home care, and techniques for teaching messages to students.

The modules were taught by the area coordinators in 26 primary schools which included 2450 students and 210 teachers. The area coordinators not able to reach all the schools before the end of the academic year but will continue the training at the start of the 2003-2004 academic year.

« I have seen that Umucyo delivers very practical lessons and actions regarding HIV /AIDS to the community and I have been very impressed with your metholodgy. It is too bad that you can't intervene in all parts of the province. » ~ representative of the Provincial Commission against AIDS, who participated in a 6th grade training

Not only did CSP Umucyo target the households and children in schools, but the CSP also created a special module for men on HIV/AIDS and STIs. The promotors and area coordinators taught this module in small meetings within the community. The key messages focused on the prevention of HIV/AIDS and STIs, home care of HIV/AIDS patient, treatment for other STIs, and PMTCT. The men greatly appreciated these trainings and asked many questions particularly related to STIs.

d. MALARIA

Curriculum development
The Malaria curriculum covered four modules:

Module 1: What is Malaria ?
Module 2: Symptoms of malaria
Module 3: Malaria prevention
Module 4: Malaria treatments

The two principle messages were

- Sleep under treated mosquito nets, especially children under the age of five and pregnant women.
- Seek treatment within 24 hours at the health center or pharmacy for children with fever.

The CSP staff included a lively song in the curriulum that summarizes key messages. This song has a very catchy tune and has had great success in the community.

Kinyarwanda	**English**
Malariya Izahaza Abana	*Malaria strikes Children*
Malariya izahaza abana Malariya izahaza ababyeyi Cyo muhaguruke ntawe usigaye Tuyirwanye tubeho	Malaria strikes children Malaria strikes mothers So let's stand up, all together And fight it to live
Ibimenyetso byayo ni byinshi Ariko umuriro wo ntabwo ujya ubura Cyo muhanguruke ntawe usigaye Tuyirwanye tubeho	Its symptoms are numerous But its fever is inevitable Let us stand up, all together And fight it to live
Ku mugoroba tujye dukinga Nyuma turyame mu nzitiramibu Cyo muhanguruke ntawe usigaye Tuyirwanye tubeho	Let us end the day By sleeping under mosquito nets Let us stand up, all together And fight it to live
Ugize ibyayo agafatwa nayo Nitumuvuze umunsi yafashwe Cyo muhaguruke ntawe usigaye Tuyirwanye tubeho	When one is attacked by malaria Let us immediately seek medical treatment Let us stand all together And fight it to live

Each promoter was given a module of the curriculum to field-test within four volunteer care groups. On the basis of the volunteer care group feedback and a workshop with the KHD and the Administrative District staff, CSP Umucyo finalized the curriculum for volunteer care group training.

ITN emphasis
CSP Umucyo surveyed a random selection of 57 homes who had already purchased mosquito nets based on lists from the KHD. The results of the survey showed that:

- 68 % Used the mosquito nets

- 70% Knew the date that net needed to be retreated
- 34% Used the mosquito net to protect their children under the age of 5
- 23% Did not use the mosquito net purchased
- 9 % Did not have the net they had purchased in their home

The results reinforced the need for CSP Umucyo to focus on three messages relating to ITN use a) encourage the families to use a ITN when sleeping especially for children under the age of 5 and pregnant women, b) retreat the ITN every six months and c) discourage reselling of the net.

During the malaria intervention, women in the community said that they could not afford the cost of an ITN (1400 Rwandan francs). WR Rwanda and CSP Umucyo approached PSI Rwanda, the distributor of ITN, to negotiate a price reduction to 1150 Rwandan francs. CSP Umucyo also contracted with CORDAID to subsidize the mosquito nets for pregnant woman and children. Through CORDAIDs partnership, the CSP sells the mosquito nets for only 200 Rwanda francs.

Starting in July 2003 ITNs are sold at the growth monitoring sessions assisted by the promotors and volunteers. Mothers at the sessions can purchase an ITN (200Rwf) or a bottle of Sur'Eau during these meetings. Demonstrations of how to use and retreat the ITN are provided at the time of purchase. Over 2000 ITNs have been sold in the community and 266 nets were provided for the beds at the Health Centers in KHD. CSP Umucyo will continue to sell the mosquito nets and the « Kalishya » retreatment insecticide through care groups and growth monitoring sessions.

e. NUTRITION

The nutrition intervention is scheduled to begin in October 2003. In May 2003, following discussions with the KHD, CSP Umucyo initiated a growth-monitoring program in the communities in preparation for the nutrition emphasis. The training of the CSP Umucyo staff focused on the reference guide for proper growth, factors that stunt growth, clinical nutritional exam, nutritional deficiencies and anthropometric measurements.

One weighing group, led by a promoter and a health district representative, was identified in each region. At first many mothers came believing that they would be given food to help with their malnourished children. After several months of explaining of the importance of weighing their children regularly,the mothers saw value in tracking the growth of their child and no longer expected food to be provided. Over the past five months, 3500 children under five have participated in the growth monitoring program. As mentioned above, the meetings also provide an opportunity for CSP Umucyo to sell mosquito nets, Sur'Eau and Kashiya.

f. MATERNAL AND NEW BORN CARE

In anticipation of the approaching maternal care intervention, the CSP staff has met with the KHD to lay the groundwork for the intervention strategy and key messages.

4. MONITORING AND EVALUATION SYSTEMS

CSP Umucyo conducted two internal evaluations during year two to assess the effectiveness of the interventions and monitor progress towards CSP objectives. The first local rapid assessment (LRA) in March 2003 focused on Hygiene and Diarrhea and the Immunization interventions. 93 volunteers and 420 mothers were randomly chosen from the 32 zones of the promoters The team was very encouraged to find that based 93% of the children of mothers surveyed had been completely vaccinated. Though the results were satisfactory with regards to behavioral change relating to the Diarrhea and Hygiene intervention, continual reinforcement on latrines and composts are needed.

The second LRA in June 2003 followed the HIV/AIDS intervention and included 96 volunteers and 369 mothers. See Annex B.

B. CHALLENGES

1. STAFF TURNOVER

In year two, the CSP lost five employees including three promoters, one area coordinator, and the accountant. Four of the five employees resigned for personal reasons and one was dismissed. Although such turnover is expected, it can be challenging to find and train suitable replacements for key positions at this stage in the project.

RESPONSE: Two new promoters were recruited and trained following the first two promoter resignations. Following the third promoter resignation in August 2003, the decision was made not to replace the position at this time due to the time and effort needed to train a new promoter and ensure that they are at the same level as the others. In addition, with the increased number of driver's licenses, promoters are now able to cover more territory. Therefore the care groups were divided among three existing promoters and their work load was monitored to be sure it was not a burden.

For the same reasons as previously mentioned, at this time we have decided not to recruit a new coordinator for Yove and have divided the Yove region into four sections which are being covered by the area coordinators of neighboring regions.

A new accountant was hired.

2. ACCESSIBILITY TO COMMUNITIES

Even with the aid of motorbikes, KHD includes areas that can be particularly difficult to access due to slippery roads and poorly maintained bridges, especially during the rainy season. Contact between coordinators and promoters can be interrupted by these extreme conditions. This is particularly acute in the region bordering the Nyungwe forest.

RESPONSE: To address the issue, the CSP is trying to encourage community participation in improving roads and infrastructure, by using the 'Umuganda', or 'community work' concept that is common in Rwanda.

3. INSUFFICIENT VCT AND PMTCT CENTERS

KH is the only VCT center and the Health Center of Kibogora is the only PMTCT site within the KHD. These locations are insufficient for the population due to the geographical barriers and particularly for those people living close to the forest.

RESPONSE: Research potential partners and funding in order to create more centers of PMTCT and VCT within the KHD.

4. SHORTAGE OF ORAL REHYDRATION SALTS (ORS)

This has been a constant problem since the first intervention and was noted in our 2002 annual report. The community continually asks for this product when they are trying to assist their child with diarrhea.

RESPONSE: We continue to encourage mothers to provide available liquids such as soup, bouillon cubes, juice etc and have also brought this matter to the attention of WR management.

C. NEED FOR TECHNICAL ASSISTANCE

Technical assistance in the areas of rehabilitation of malnourished children has been identified as one of the greatest needs for the program manager and her team. In October 2003, the CSP Umucyo team will participate in the "Positive Deviance/Hearth" training conference organized by WR with the CSP programs of IRC and CONCERN also participating. The training will be facilitated by Drs. Gretchen and Warren Berggren who are the pioneers of the Hearth approach in Bangladesh, Haiti and Vietnam as well as experts in maternal child health.

The second area identified for technical assistance is the implementation of Village Health Committee by CSP field staff. Based on the program manager's visit to Mozambique, the CSP would like to invite a former staff member from the WR Mozambique Vurhonga CSP who was key in developing these committees to provide technical assistance.

The program manager, assistant program manager and office staff have all demonstrated great improvement in using computers and communication in English. However, continued training is needed in these areas to increase the efficiency of their work. If possible, CSP Umucyo will employee teachers from the Pentecostal University of Gihundwe in Cyangugu to assist in these skills. The program manager and assistant program manager would like more training on EPI Info in order to successfully analyze the LRA data and prepare for the Midterm Evaluation in year 3. Assistance in EPI Info is available in country.

D. CHANGES FROM DIP

There are no new changes to the project that would require amendment of the cooperative agreement. Administrative changes are described below.

As discussed in section C.1, CSP Umucyo reorganized the regions in 2003 due to changes in personnel. Yove was absorbed into the surrounding regions thereby reducing the total number of regions from 6 to 5. The change in regions also resulted in a redistribution of care groups per promoters to ensure that all the regions were adequately covered. In comparison to last year, CSP Umucyo has 281 Volunteer Care Groups versus 290 and 31 promoters instead of 32.

E. RECOMMENDATIONS MADE IN DIP OR MTE

Not Applicable this year.

F. SECTION FOR PROJECTS IN FIRST, THIRD OR FINAL YEAR

Not Applicable this year.

G. MANAGEMENT SYSTEMS

1. FINANCIAL MANAGEMENT SYSTEM

WR Rwanda's Director of finance and administration visited the CSP Umuyco three times during year two to assess the financial management procedures of the CSP. Two local audits were conducted during the year. Almost all recommended controls are now in place and no serious issues were identified.

2. HUMAN RESOURCES

In 2003, a new position of «Assistant Program Manager » was created to ensure quality of training activities and field supervision. Area coordinator Maurice Kwizera was promoted to fill this position after demonstrating considerable skill as an adult education trainer and leader. He assists the program manager with field supervision, project monitoring, and curriculum development.

At the end of year two, the CSP Umucyo team includes the program manager, assistant program manager, five area coordinators, 31 promoters, one administrative assistant, one accountant, one driver and two guards.

Due to the staff development training courses during this year (e.g. adult education training), the area coordinators have greatly enhanced their skills and ability to train the promoters without

external assistance. Monthly training workshops are facilitated by the coordinators for the promoters in their respective regions and since July 2003, the coordinators also provide the training for the pastoral care groups.

In year two, the CSP Umucyo team greatly benefited from the technical and moral support of the WR Kigali office including two visits from the country director, two local audits supervised by the director of finance and administration, and several visits from the WR Rwanda program coordinator who is in constant contact with the program manager and has greatly assisted in the translation of reports from French to English and acquisition of education material.

Technical support was also provided by the WR Baltimore maternal child health technical unit. Dr. Meredith Long, Director of Health Programs, visited in March 2003 and identified important areas for continued improvement. WR Child Survival Specialist Melanie Morrow, provides technical support on the development of curriculum and overall health program management for CSP Umucyo. She has been a tremendous encouragement in this year's interventions.

3. COMMUNICATIONS SYSTEM

CSP Umucyo maintains contact with the WR Kigali office through regular mobile and email communication. The email contact is very difficult due to the fact that there are no lines in Kibogora. A staff member must travel 1.5 hours each way to send and receive messages in Kamembe. Fortunately there is word that Rwanda Tel anticipates having telephone lines installed in Kibogora by the end of December 2003.

4. ASSESSMENT BY LOCAL PARTNERS

While no formal assessment has been conducted, CSP Umucyo receives consistant feedback from KHD and other local partners through regular meetings, where partners exchange feedback and collaborate toward common goals. In a recent report summarizing demographic data for Cyangugu province, local partner Cordiad credited World Relief's work in Kibogora district as a possible cause for high scores on the poverty and sanitation indicators.

5. HEALTH AND MANAGEMENT INFORMATION SYSTEMS

During 2003, CSP Umucyo worked hard to improve the project's activity management systems.
In year one, the CSP focused primarily on the Care Group results without any clear analysis or organization of the data collected. The results have been reorganized into three categories: results from the LRA evaluations, monthly activity field reports (MIS); and direct health related statistics (HIS).

A standard questionnaire including questions from all the interventions of CSP was created which targets the mothers and volunteers at the end of each intervention.

Many forms were created to facilitate the data collection of survey results at all levels within the program (Promoters, Coordinators, and Administrative staff). See Annex C for examples.

6. COLLABORATION WITH LOCAL PARTNERS AND OTHER PVOs

KIBOGORA HEALTH DISTRICT

In follow up to last year's annual report, the relationship between the KHD and CSP Umucyo has greatly improved. In year two, CSP Umucyo has worked closely with the local health district and through a number of activities, developed a collaborative spirit within the community. Some of the activities are noted below:

- CSP Umucyo is represented at meetings within the KHD including the Management Health District and the Health Center coordination meetings.
- Staff from the KHD and Umucyo jointly attended three training workshops organized by CSP Umucyo and CONCERN.
- In response to Umucyo's invitation, the KHD trained the CSP promoters and area coordinators on immunization practices, HIV/AIDS and Malaria.
- The KHD assisted in the LRA training and provided supervision during the CSP's internal evaluation.
- CSP Umucyo collaborated with the district regarding monitoring of children suffering from paralysis and measles in the community.
- During the national campaign against measles in February 2003, CSP Umucyo assisted the KHD in transporting vaccinations and staff and volunteers brought the mothers and children in their respective communities to the appropriate vaccination site.
- The KHD supported our initiative to implement Sectoral Health Committees and continue to collaborate with us to ensure sustainability of the program.
- The KHD relocated to a new building and CSP/Umucyo assisted with the installation of water and electricity.
- CSP Umucyo and the Health District have worked very closely in the growth monitoring session in the community.
- CSP Umucyo subsidized the cost of an HIV test at the KH in an effort to increase the number of individuals tested within the community.

Improved relations have also been a result of the increased communication with the KHD, most notably through the visits by WR's country director, CSP Umucyo's program manager and other distinguished visitors.

MINISTRY OF HEALTH

By invitation from the MOH and in collaboration with UNICEF, CSP/Umucyo participated in a workshop on the implementation of the Program for Integrated Management of Childhood Illnesses (PCIME) in Rwanda. The objective of the workshop was to finalize the strategic plan for PCIME including identifying which community and family sectors would first be targeted, and to determine the role and functions, reinforcement and follow up strategies of the coordinating committee. These objectives reflected the three aspects of PCIME a) capacity building of health representatives who work with illnesses affecting children, b) improvement of general hygiene and c) to reinforce the family and community obligation to assist in preventing illnesses especially those that affect children.

At this meeting, WR, CONCERN and IRC had the privilege of presenting an overview of their programs activities and future plans. The three PVOs also established a technical committee to finalize the action plan for PCIME in Rwanda. CSP Umucyo's interventions are consistent with the PCIME objective of "reinforcement of family and community obligation to assist in preventing illnesses especially those that affect children."

LOCAL CHURCHES

CSP Umucyo organized meetings for church leaders to explain the program and request their collaboration in the program. The CSP has benefited from their assistance in a number of ways:

- Recruitment and recommendation of potential promoter candidates.
- Participation in the volunteer presentation ceremony in the community with continual encouragement to the volunteers that their work makes a difference in the community;
- Assisted in the organization and implementation of Pastoral care groups
- Facilitated in the visit of Mars Hill Bible Church, a US donor supporting the CSP
- Churches have invited CSP Umucyo to train specific groups within their congregations
- Meeting rooms have been made available for CSP Umucyo to use for their care group meetings etc.

USAID

Following the completion of the first annual report, the program was pleased to have Ms. Sharon Arscott-Mills, USAID Technical Advisor for Child Survival from Washington D.C. visit the program's field activities as well as provide her consulting expertise on the management and implementation of activities and challenges faced.

CORDAID

Prior to finalizing the contractual between WR and CORDAID in 2003, the program manager spent considerable time working with the organization to ensure that following objectives were agreed which upon:

- Assure that activities are "cure" focused, excellent quality, public health oriented, and financially affordable for the community in all health domains provided by the Church, the State, the private sector and other parties such as non-government organizations and community groups.
- Demonstrate improved capacity for autonomous health services especially in the areas of strategic planning, management of financial and human resources, statistical analysis and management of client relationships.
- Hire a regional financial manager to procure both financial assistance and a range of quality public health services through contractual agreements.

After lengthy discussion, the program manager and CORDAID reached the contractual agreement to subsidize the selling of mosquito nets (1,100 rfws per net) as discussed in A.3.d

UNICEF

In addition to the collaboration with UNICEF during the monthly CSP network meetings, CSP Umucyo worked closely with UNICEF in the area of PMTCT and included a module of PMTCT in the HIV/AIDS curriculum in order to train and mobilize the community in this program.

ADMINISTRATIVE AUTHORITIES

Based on our interaction with the local authorities, four key outcomes occurred in 2003:

- CSP Umucyo was regularly invited to attend the Health Mutuals (Community based health insurance) implementation meetings in the Districts of Nyamasheke and Gatare. The program manager was designated as a committee member in the implementation of the Health Mutuals in Nyamasheke.
- Since the start of the program, regular contact has been made with the mayors of the Nyamasheke and Gatare districts. The mayors have been extremely supportive of the Health Sector Committee, contributing to the strategy and implementation plan document.
- The HIV/AIDS meetings for men were greatly facilitated by the Mayors in the two districts of Nyamasheke and Gatare. They assisted in the logistics and offered conference rooms for the meetings.
- The District Commission Fighting against AIDS (CDLS), encouraged CSP to create the Anti-AIDS clubs at the district level. Both modules, the training of trainers and the training of PLWA for testimonies, were presented to the mayors of Gatare and Nyamasheke and received their approval for CSP to facilitate the trainings within their communities. It was exciting to see that CDLS of Gatare participated in the trainings.

CSP PVOs COORDINATION AND COLLABORATION IN COUNTRY

CSP Umucyo continues to be an active participant in the monthly Child Survival Program meetings. Participants include: CONCERN, IRC, PSI, MINISANTE, OMS, UNICEF and USAID. The programs have greatly benefited from the collaboration resulting from the meetings including:

- Harmonization of indicators and curricula.
- Discussions on the work plan for PCIME.
- Sharing of program activities
- Discussion on the Anti-Malarial program and the distribution of medicines within the community.
- Successful negotiation and collaboration with PSI regarding the purchase and sale of bed nets within the community.

H. WORK PLAN

Responsibility coding: PM=Program Manager, AM= Asst. Manager, AC = Area Coordinators, P = Promoters, V= Volunteers, KHD = Kibogora Health District, WRHQ = WR Headquarters Backstop, WRR = World Relief Rwanda, PSI=Population Services International

OCTOBER 2003-SEPTEMBER 2004

Planned Activities	**Responsibility**	**Oct '03**	**Nov '03**	**Dec '03**	**Jan '04**	**Feb '04**	**Mar '04**	**Apr '04**	**May '04**	**Jun '04**	**Jul '04**	**Aug '04**	**Sep '04**
Nutrition and Hearth Intervention Formative research	AC	X											
Discuss approach with community leaders/MOH	AC, P, KHD	X											
Development of curriculum for Hearth	PM, AM, AC, WRHQ	X											
Pre-test curriculum in community	PM, AM, AC	X											
Print curriculum and materials	PM, AM	X											
Hearth TOT workshop for promoters and KHD staff	AC												
Promoters and volunteers hold GMC session in community to identify hearth participants	P, V (supervised by AC)	X	X										
Conduct first Hearth Cycle	P, V		X	X	X								
Training of pastor care groups	P (supervised by AC)		X	X	X								
Maternal Care (RH) Intervention Formative research	AC			X									
Discuss approach with community leaders/MOH	AC, P, KHD			X							X		
Development of curriculum for RH	PM, AM, AC, WRHQ				X							X	
Planned Activities	**Responsibility**	**Oct '03**	**Nov '03**	**Dec '03**	**Jan '04**	**Feb '04**	**Mar '04**	**Apr '04**	**May '04**	**Jun '04**	**Jul '04**	**Aug '04**	**Sep '04**
Pre-test curriculum in community	PM, AM, AC			X								X	

Print curriculum and materials	PM, AM				X							X	
TOT workshop for promoters	AC				X								X
Review curriculum and MOH protocols with KHD health facility staff	P, V (supervised by AC)				X								
Promoters train volunteers during care group meeting	P, V					X	X						
Training of pastor care groups	P (supervised by AC)					X	X						
Volunteers educate mothers in home visits						X	X	X					
2nd Hearth Cycle	P, V							X	X	X			
Care Group Graduation & Incentives	PM, AM, AC, P										X		
Review Diarrhea and Hygiene	AC, P										X	X	
Review EPI	AC, P											X	X
Monitoring and Evaluation Bi-menthly meeting to give feedback from field	PM, AM, AC	X	X	X	X	X	X	X	X	X	X	X	X
Bi-menthly monitoring visits to field	PM, AM	X	X	X	X	X	X	X	X	X	X	X	X
Monthly program narrative and financial report to WRHQ	PM, AM	X	X	X	X	X	X	X	X	X	X	X	X
LRA covering phased-in interventions	PM, AM, AC, P				X			X		X		X	
Midterm KPC	PM, AM, AC									X			
Midterm Evaluation	USAID, PM, AM, WRC											X	

ANNEX A: Chart of Main Accomplishments

Umucyo Objectives	Progress estimation	Comments
A. Hygiene and Diarrhea **B.** 1. Increase from 31% to 50% the children with diarrhea who will be treated with more fluids than usual. (ORT use.) *Midterm benchmark: 40%*	Yes	
2. 75% of mothers will know at least three danger signs of diarrhea requiring medical treatment.** *Midterm: 60%* Note: Baseline KPC for *two* danger signs was 83%.	No	
Immunization 1. Increase from 47.1% to 75% the children who will be completely immunized by 1 year of age for BCG, polio, DPT,TT, and measles. *Midterm*: 60%	Yes	
2. Increase from 43.8% to 50% of pregnant women in project area who will receive at least 2 doses of TT before the birth of a child. *Midterm: 45%*	Yes	
C. Malaria 1. Increase from 3.7% to 50% the children with fever (suspected malaria) whose caretakers will seek treatment for them within 24 hours at health facility. *Midterm: 20%*	No	The actual results are not verified
2a. Increase from 3% to 40% the children < age 2 who sleep under an ITN. 2b. Increase from 3.5% to 40% of pregnant women who sleep under an ITN *Midterm:15%*	No No	On espère atteindre l'objectif dans qulques mois
Nutrition 1. Increase from 19.5% to 50% the mothers who will introduce appropriate weaning foods (enriched porridge) at least once/day. *Midterm: 30%*	Yes	Le changement de comportement precoce pourrait être dû aux messages que les promoteurs donnent aux mères pendant les GMS
2. Increase from 11.2% to 60% the mothers who will give same or more food to child during illness (3.7% of mothers gave more food to sick child; 7.5% gave same amount at baseline.) *Midterm: 30%*	Yes	Le changement de comportement precoce pourrait être dû aux messages que les promoteurs donnent aux mères pendant les GMS
3. 80% of children who completed the *Hearth* program achieve and sustain adequate (200 grams) or catch-up growth (400 grams) per month during at least 2 months after period of supervised feeding.	No	Hearth Program n'a pas encore commencé
4. Increase from 33.8% to 80% the children 6-59 mo. who receive Vitamin A capsules at least once per year and increase from 0.4 to 40% twice a year. *Midterm: 50%, 15%*	No	
Exclusive Breastfeeding Increase from 50% to 75% mothers who exclusively breastfeed for 6 months. *Midterm: 60%*.	No	L'intervention n'a pas encore commencé
Maternal Care		L'intervention n'a pas encore commencé

Umucyo Objectives	Progress estimation	Comments
1. Increase from 24.6% to 70% the pregnant women who have emergency plan in place before delivery. *Midterm: 25%*	No	
2. Increase from 23% to 50% the women who will give birth at a health facility or with a trained TBA. *Midterm: 25%*	No	L'intervention n'a pas encore commencé
HIV/AIDS/STIs 1. Decrease stigma by increasing willingness of women to care for a relative with AIDS in their own household to 80%. *Midterm: 50%*	No	
2. Increase from 47% to 80% the women who know at least two common symptoms of STIs (other than HIV/AIDS.) *Midterm: 65%*	No	

Annex B: Results of LRAs

RESULTATS DE LRA_1 ET LRA_2

N°	Objectifs	Résultats LRA_2	Résultats LRA_3	Cibles
1.	Mères connaissant au moins trois signes de danger de la diarrhea *Mothers that are aware of at least three symptoms of diarrhea*	70.2%	73.1%	75% Midtrem : 60%
2.	Mères ayant donné à leur enfant malade la même quantité de nourriture et plus de liquide que d'habitude *Mothers who gave their sick child the same quantity of food but more liquid than usual.*	76%	90.4%	60% Midterm : 30%
3.	Mères ayant donné à leur enfant atteint de diarrheé la même quantité de nourriture et plus de liquide que d'habitude *Mothers who gave their child with diarrhea the same quantity of food but more liquids than usual.*	80%	90.4%	50% Midterm : 40%
4.	Ménages ayant des latrines adéquates *Households with adequate latrines.*	40.5%	51.0%	_____
5.	Enfants de 1 -12 mois complètement vaccinés avant le premier anniversaire *Children between 1 – 12 months who have been completely immunized between their first birthday.*	93.1%	94.6%	80% Midterm : 50%
6.	Mères ayant reçu au moins deux doses da Vaccin Antitétanique pendant la dernière grossesse *Mothers who have at least had two doses of Antitetanic vaccine.*	88.55	91.1%	55% Midterm : 50%
7.	Mères connaissant au moins trois moyens de prévention du VIH/SIDA	_____	65.5%	70%

	Mothers who know of at least three ways to prevent HIV/AIDS.			
8.	Mères connaissant au moins deux signes des IST autres que le VIH/SIDA *Mothers who know at least two signs of STIS in addition to HIV/AIDS.*	_____	78.8%	80% Midterm : 65%
9.	Femmes enceintes ayant dormi sous la moustiquire traitée la nuit précedant l'évaluation *Pregnant women who slept under a treated bednet prior to the evaluation.*	_____	6.5%	40% Midterm : 15%
10.	Mères ayant un plan d'urgence préalable pour la grossesse *Mothers who have a backup plan for emergencies during their pregnancy.*	_____	65.5%	70% Midterm : 25%
11.	Mères ayant accouché dans une formation Sanitaire *Mothers who have delivered at the health center.*	_____	23%	50%

Annex C: Updated HIS & MIS Forms

WRR/CSP-UMUCYO

FORM OF THE SUPERVISION FOR COORDINATOR

Name of the Supervisor :
Position :
Month :
Module:

Date					
Name of the Coordinator Supervised					
Region					
Name of the Promoter Supervised					
Sector					
CG No					
Activities					
Punctuality (Y , N)					
Organization (Very Good, Good, Poor)					
Well Prepared Lesson (Y, N)					
Appropriate Module Clearly Taught (Y , N)					
Relationship Coordinators/Promoters (Very Good, Good, Poor)					
Relationship Promoters/CG (Very Good, Good, Poor)					
Utilized Curriculum/Education Material (Y , N)					
Organized Curriculum/Education Material (Y , N)					
Observations					

Date					
Name of the Promoter Supervised					
Region					
Name of the Promoter Supervised					
Sector					
CG No					
Activities					
Punctuality (Y , N)					
Organization (Very Good, Good, Poor)					
Well Prepared Lesson (Y, N)					
Appropriate Module Clearly Taught (Y , N)					
Relationship Coordinators/Promoters (Very Good, Good, Poor)					
Relationship Promoters/CG (Very Good, Good, Poor)					
Utilized Curriculum/Education Material (Y , N)					
Organized Curriculum/Education Material (Y , N)					
Observations					

WRR/CSP-
UMUCYO

FORM OF THE MONTHLY HIS (Home visit)

Name: **Position:**

Zone of activities : **Month/Year :**

IDENTIFICATION			IMMUNIZATION					DIARRHEA/HYGIENE					MALARIA	HIV/AIDS	NUTRITION			Maternal Care			
			Children			Mother															
Mother's Names	Level of education	(AI , no AI)	Immunization Status (I , R , CV)			Nbr of pregnancies	Nbr of VAT administered	Latrine (Very Good, Good, Poor)	Compost (P , A)	SRO (P , A)	Sur'Eau (P , A)	Dishdrying rack (P , A)	Nbr of ITNs	Nbr of VCT	Vitamin A : Nbr of times/year			Delivery (Health Center,Home)	1stQ Prenatal Consultation	2ndQ Prenatal Consultaion	3rd Q Prenatal Consultation
			E1	E2	E3										E1	E2	E3				
I =Irregular , R = Regular , CV = Completely vaccinnated , TB = Very Good , M = Poor , A = Absent , P= Present ,																					
Y = Yes , N = No , E = Child , BN = Good Nutritional Status (P/A More than 80%) ,																					
MM = Moderate Malnutrition (P/A Inferior to 80 % until 60%) , MG = Severe Malnutrition (P/A Inferior to 60%)																					

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FORM OF THE MONTHLY MIS: PROMOTER (Management of activities)

Name: **Position:** **Zone of activities:** **Month/Year:**

ACTIVITIES	Number
Nbr of training sessions in the volunteer CG	
Nbr of training sessions elsewhere (specify)	
Nbr of SCBC sessions completed	
Children with Good Nutritional Status	
Children with Moderate Malnutrition	
Children with Severe Malnutrition	
Total of Children weighed	
Nbr of implementations	
Nbr of Home visits	
Nbr of Meetings with the Community	
Nbr of Meetings with KHD	
Nbr of Church leaders' Visits received	
Nbr of Contacts with Church Leaders	
Nbr of Supervisions received	
% Monthly attendances in the volunteer CG	

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COMPILATION OF MONTHLY MIS

Region : **Month/Year :**

Activities	Sectors							Total	%
Nbr of training sessions in volunteer CG									
Nbr of training sessions in churches									
Nbr of trainig sessions in the pastoral CG									
Nbr of training sessions elsewhere									
Nbr of Community-Based Growth Monitoring sessions completed									
Nbr of outreach									
Nbre of home visits									
Volunteers supervised with a very good mark									
Volunteers supervised with a good mark									
Volunteers supervised with a poor mark									
Total of Volunteers supervised									
Nbr of meetings with the Community									
Nbr of meetings with KHD									
Nbr of church representatives' visits received									
Nbr of Contacts with Church leaders									
Nbr of Supervisions Received									
Percentage of monthly attendances in the volunteer CG									
Percentage of monthly attendances in the Pastoral CG									

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REPORT OF MONTHLY ACTIVITIES

Name: **Position:** **Week from / to /**

Date	*Morning*	*Afternoon*	*Observations*